Patient: **Jenkins, Mykel Dexter**
Address: 3624 Premium Drive
Chattanooga, TN 37415

Case: **210319-322**
DOB: 12/31/1991
Race: White
Sex: Male
Age: 29 years

Date of Death:	On 03/19/2021
Time of Death:	11:26
Date of Exam:	03/19/2021
Time of Exam:	15:00
County:	Hamilton
Investigator:	Allison Leitch
Pathologist:	Steven C Cogswell
Police Agency:	HCSO
Persons in Attendance:	Det Miller, HCSO

Postmortem Examination

AUTOPSY: ME21-041

CAUSE OF DEATH: Multiple gunshot wounds
MANNER OF DEATH: Homicide

FINAL PATHOLOGICAL DIAGNOSIS

1. Gunshot Wound A - intermediate range penetrating wound of face, neck and chest
   a. Entrance left side of face, guttering
   b. Lacerations of carotid artery, jugular vein, trachea, right lung
   c. Bullet recovered free in right pleural cavity
   d. Pathway downward, rightward, backward

2. Gunshot Wound B - intermediate range penetrating wound of chest, abdomen, and pelvis
   a. Entrance left supraclavicular
   b. Lacerations of left lung, heart, stomach, small intestine, bladder
   c. Bullet recovered in bladder
   d. Pathway downward, slightly rightward, slightly backward

3. Gunshot Wound C - undetermined range penetrating wound of shoulder and chest wall
    a. Entrance top of right shoulder
    b. Fracture of humeral head, lacerations of right lung and chest wall
    c. Bullet recovered from chest wall
    d. Pathway downward, slightly backward, very slightly leftward

4. Gunshot Wound D - intermediate range penetrating wound of arm and chest
    a. Entrance right upper arm, lateral aspect
    b. Comminuted fracture of humerus, lacerations of brachial artery and vein
    c. Exit medial aspect of upper arm
    d. Re-entry into chest below axilla
    e. Lacerations of right lung, heart, inferior vena cava
    f. Bullet recovered at vena cava
    g. Pathway leftward, slightly downward, no significant anteroposterior deviation

5. Gunshot Wound E - undetermined range graze wound of thigh
    a. Entrance right thigh, anterior
    b. Laceration of superficial epidermis only
    c. Pathway medial to lateral, slightly backward

6. Gunshot Wound F - intermediate range perforating wound of chest
    a. Entrance right upper back
    b. Lacerations of right lung
    c. Exit right chest, anterior
    d. Pathway forward, downward, rightward

Other findings
1. Taser dart embedded in right anterolateral abdominal wall
2. Taser dart puncture, right posterolateral chest wall

EVIDENCE OF INJURY

Gunshot Wound A is an intermediate range penetrating wound of the face, neck, and chest with its entrance in the left side of face. It is a guttering wound 5-1/2 inches below the top of the head and 5 inches to the left of the anterior midline. The wound is 1-3/8 x 1/2 inch, with a marginal abrasion up to 1/2 inch in the 11 - 12 o'clock position. No muzzle imprint, charring, soot, or stippling is present, but there is sparse loose powder deposition on the face around and in the wound.

The bullet passes downward into the neck, causing a 3/4 inch laceration of the carotid artery, and a 1 inch laceration of the jugular vein. It crosses midline through the trachea, where it sheds the red polymer nose plug.

The bullet then enters the right pleural cavity at its apex, and perforates the right lung vertically. It is recovered free in the right hemothorax.

The recovered bullet is a medium caliber jacketed hollowpoint with moderate expansion. The wound pathway is downward, rightward, and backward.

A 1/4 inch superficial fragment wound is in the left side of the neck along the path of this wound.

Gunshot Wound B is an intermediate range penetrating wound of the chest, abdomen, and pelvis with its entrance in the left supraclavicular area, 1-1/2 inch below the top of the shoulder and 3-1/4 inch to the left of the anterior midline. The entrance defect is 5/16 x 1/4 inch with an irregular marginal abrasion up to 1/16 inch in the 5 -7 o'clock position. An irregular 1/2 x 3/16 inch abrasion is 1/4 inch medial to the entrance defect. There is no soot deposition. Stippling surrounds the entrance defect to a radius of 2-1/2 - 3 inches in the superior and lateral quadrants.

The bullet passes deep to the clavicle without fracturing it or lacerating the subclavian vasculature. It enters the left pleural cavity through the 1st rib, then perforates the upper lobe of the left lung before striking the heart. It perforates the posterior aspect of the left ventricle, causing 1/2 inch entrance and exit defects. The bullet then perforates the lower lobe of the lung and passes through the diaphragm into the abdominal cavity. It perforates the stomach and multiple loops of small intestine as it travels inferiorly, finally penetrating the urinary bladder, where it comes to rest.

The recovered bullet is a medium caliber jacketed hollowpoint with moderate deformation. The wound pathway is downward, slightly rightward, and slightly backward.

Gunshot Wound C is an undetermined range penetrating wound of shoulder and chest wall, with its entrance in the top of the right shoulder, 7-1/2 inches to the right of midline. The entrance defect is 1/4 inch diameter with a circumferential 1/16 inch marginal abrasion. No muzzle imprint, charring, soot, or stippling is associated.

The bullet causes comminuted fracture of the head of the humerus. It continues into

the right pleural cavity through the 3rd intercostal space. It causes shallow lacerations of the lateral aspect of the right lung as it travels inferiorly, and exits the pleural cavity through the 8th intercostal space. The bullet comes to rest in the muscle of the posterolateral chest wall.

The recovered bullet is a medium caliber jacketed hollowpoint with moderate deformation. The wound pathway is downward, slightly backward, and very slightly leftward.

Gunshot Wound D is an intermediate range penetrating wound of the right arm and chest with its entrance in the lateral aspect of the right upper arm, 7 inches below the top of the shoulder and 1/4 inch anterior to the lateral midline of the arm. The entrance defect is 1/4 inch diameter with a 1/32 inch circumferential marginal abrasion. No muzzle imprint, charring, or soot is associated. Loose stippling surrounds the entrance defect to a radius of 2-1/2 inches.

The bullet passes through the upper arm, causing comminuted fracture of the humerus and laceration of the brachial vasculature. It exits the upper arm through a 1/2 inch slit-like defect in the medial aspect, 5-1/2 inches below the top of the shoulder, 2-1/4 inches below the apex of the axilla, and 1-1/4 inch posterior to the medial midline of the arm.

The bullet re-enters the body in the right lateral chest, 6-1/2 inches below the top of the shoulder, 2-1/2 inches below the axilla, and 3/4 inch posterior to the lateral midline. The re-entrance defect is 5/8 x 1/4 inch and irregular, with an irregular 1/8 inch marginal abrasion, greatest in the 12 - 3 o'clock position.

The bullet enters the right pleural cavity through the 3rd intercostal space and top of the 4th rib. It lacerates the upper and middle lobes of the right lung before striking the heart at the junction of the right atrium and inferior vena cava, lacerating both as it comes to rest.

The recovered bullet is a medium caliber jacketed hollowpoint with moderate to severe deformation. The wound pathway is leftward and slightly downward, with no significant anteroposterior deviation.

Gunshot Wound E is an undetermined range graze wound of the anterior aspect of the right thigh, 29 inches below the top of the shoulder and 1/4 inch lateral to the anterior midline of the leg. The 1/2 x 3/8 inch graze wound involves only the superficial layers of the skin. The wound pathway is medial to lateral, and slightly backward. No bullet is recovered.

Gunshot Wound F is an intermediate range perforating wound of the chest with its entrance in the right upper back, 4-1/2 inches below the top of the shoulder and 2-1/2 inches to the right of the posterior midline. The entrance defect is 1/4 inch diameter with a circumferential 1/16 inch marginal abrasion. No muzzle imprint, charring, or soot

is associated. Stippling surrounds the wound to a radius of 1-3/4 inch.

The bullet enters the right pleural cavity through the 3rd rib and intercostal space. It perforates the lower and middle lobes of the lung, then exits the pleural cavity through the 4th intercostal space and 5th rib. The bullet exits the front of the chest through an irregular 3/4 x 1/4 inch defect near the right nipple, 9 inches below the top of the shoulder and 4-1/2 inches to the right of the anterior midline.

No bullet is recovered. The wound pathway is forward, downward, and rightward.

Other Injuries

A Taser dart is embedded in right anterolateral abdominal wall, 13 inches below the top of the shoulder, 6-1/2 inches to the right of the anterior midline, and 2-1/2 inches anterior to the lateral midline. A Taser dart puncture wound (no dart) is in the right posterolateral chest wall, 7-3/4 inches below the top of the shoulder and 2 inches posterior to the lateral midline.

EXTERNAL EXAMINATION

The body is a 68 inch, 166 pound, well developed white male appearing consistent with the recorded age of 29 years. Body habitus is normal. Rigor mortis is beginning to develop. Blanchable purple-red livor mortis is posterior, except in areas exposed to pressure. Decomposition is absent. Except as noted below, the external examination is unremarkable. No clothing or personal effects accompany the body.

The scalp hair is brown. The earlobes are not creased. The eyes arehazel without arcus senilis. The corneas are clear. The sclerae and conjunctivae are unremarkable with no petechial hemorrhages. The oral and nasal mucosae are unremarkable. The dentition is natural and in good condition. The face is clean-shaven. The neck is unremarkable.

The chest and abdomen are normally formed. There is no increased anteroposterior chest diameter or flaring of the costal margins. The breasts have no masses. The abdomen is flat and soft without identifiable scars. The external genitalia are atraumatic normal adult male. The back is straight and normally formed.

The extremities are normally formed without absence of digits. The forearms have a few irregular scars. The hands and fingernails are clean. The fingernails are short and intact. The lower legs have multiple scars without atrophic skin, pitting edema or stasis changes.

EVIDENCE OF MEDICAL THERAPY: An endotracheal tube is present, and noted to be properly placed at autopsy. Decompression catheters are in the chest. Bilateral finger thoracostomies are present. An intraosseous catheter is in the left shin.

INTERNAL EXAMINATION

The body cavities have smooth surfaces and contain the usual wetting amounts of

serous fluid. The peritoneal cavity has a few adhesions. The organs have the normal anatomic relationships. The mediastinum and omentum are unremarkable. The bone marrow is normal in appearance. The thoracic and abdominal musculature is unremarkable.

HEAD: Reflecting the scalp reveals no pre-existing lesions. The meninges are thin, transparent and congested. The 1460 gram brain has moderate to severe edema. The external configuration is symmetrical and unremarkable. The vasculature has no atherosclerosis. Serial sections through the cerebral hemispheres reveal no pre-existing lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are not dilated. Sections through the brainstem and cerebellum reveal no pre-existing lesions. Stripping the dura reveals no skull fractures.

NECK: The injuries are noted above. There is no airway obstruction. The tongue, hypopharynx, upper esophagus, larynx and trachea are otherwise unremarkable on sectioning. The cervical spine, laryngeal cartilages and hyoid bone are intact and atraumatic.

HEART: The 362 gram heart has a normal configuration. The coronary artery system is right dominant without significant atherosclerosis. The left anterior descending coronary has no intramyocardial course. The coronary ostia are normally situated and are not constricted by atherosclerotic plaque.

Sections of the myocardium are red-brown without scarring or recent infarction. Sections in the area of the atrioventricular node are unremarkable. There is no ventricular hypertrophy or dilation. The valves are normally formed and have no thickening orvegetations. The mitral valve is not redundant. The endocardium is not thickened.

The thoracic aorta has no atherosclerosis. The great vessels arise normally. The pulmonary arteries and veins are unremarkable, as is the vena cava. The abdominal aorta and its major branches have no atherosclerosis or aneurysm.

LUNGS: The right and left lungs weigh318 and 273 grams, respectively. The pleural surfaces have minimal anthracosis. The vasculature is normally formed with no thromboemboli. Mild vascular congestion and edema are present. The airways are patent. Sectioning the lungs reveals no grossly-apparent emphysema, consolidation, tumor, or granulomas.

LIVER: The 1545 gram liver has a smooth capsule and a congested dark red-brown cut surface without fatty change, cirrhosis, cysts or tumors. The gallbladder contains approximately 4 milliliters of dark yellow-green bile without stones. The extrahepatic biliary tree has no grossly apparent obstruction.

SPLEEN: The 152 gram spleen has a smooth capsule and red-purple, moderately firm and friable parenchyma. The splenic white pulp is not prominent. The thoracic and abdominal

lymph nodes are grossly unremarkable.

ENDOCRINE: The thyroid and adrenal glands are unremarkable on sectioning. The pancreas has no fibrosis or fatty replacement.

GENITOURINARY TRACT: The right and left kidneys weigh155 grams each. The smooth cortical surfaces have no scars. Sections have no cortical thinning, cysts, tumors, or stones. The ureters drain freely to the bladder, which is contains approximately 10 milliliters of urine and has an unremarkable mucosa. The prostate is unremarkable on sectioning.

GASTROINTESTINAL TRACT: The upper gastrointestinal tract is opened along its length. The stomach has unremarkable mucosa without ulcers. It contains approximately 10 milliliters of tan fluid without food, medications or odor of alcohol. The small and large intestines are grossly unremarkable.

ADDITIONAL STUDIES

1. Blood and vitreous fluid are sent for toxicology studies.
2. A blood spot card is saved.
3. Photographs are taken.
4. X-rays are done.
5. The recovered bullets and Taser dart are packaged for receipt to law enforcement.

TOXICOLOGY

Qualitative urine drug screen for the common drugs of abuse was done at the time of autopsy. It was positive for methamphetamine and amphetamine. Confirmatory testing and quantitation on blood and vitreous fluid (NMS Report 21099252) revealed Methamphetamine (2100 ng/mL in blood, 1700 ng/mL in vitreous fluid), Amphetamine (64 ng/mL in blood, 49 ng/mL in vitreous fluid), and Ethanol (11 mg/dl in blood - a BAC of 0.011 - and 28 mg/dL in vitreous fluid).

Electronically Signed by **Steven C Cogswell Associate Medical Examiner** on 04/29/2021 at 09:34